

**TRANSMITTAL OF PAYMENT OF ISSUE FEE (Large Entity)**  
**(37 C.F.R. 1.311)**

Docket No.  
122mab

Applicant(s): Taylor, Michael G.

Serial No.  
08/820,670

Filing Date  
03/18/97

Examiner  
Bacares, R.

Group/Class/Div  
2733

Batch No.  
M38

Invention: **BI-RATE TRANSPARENT WDM OPTICAL COMMUNICATION SYSTEM WITH REMODULATORS**

**TO THE ASSISTANT COMMISSIONER FOR PATENTS**  
**Washington, D.C. 20231**  
**Attention: Box Issue Fees**

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Transmitted herewith are the following for the above-identified application.


☒ Issue Fee Transmittal Form PTOL-85

☒ Utility Fee: \$ 1210.00      ☐ Design Fee: \_\_\_\_\_      ☐ Plant Fee: \_\_\_\_\_

☐ A check in the amount of \_\_\_\_\_ is attached.

☒ The Assistant Commissioner is hereby authorized to charge and credit Deposit Account No. **05-0308** as described below. A duplicate copy of this sheet is enclosed.

- ☐ Charge the amount of \_\_\_\_\_  
☐ Credit any overpayment.  
☐ Charge any additional fee required.

  
Signature

Dated: March 8, 1999

Reg. No. 34, 731

I certify that this document and fee is being deposited on \_\_\_\_\_ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

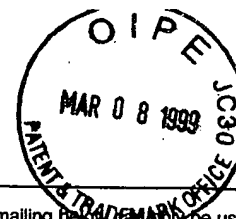
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## PART B—ISSUE FEE TRANSMITT

Complete and mail this form, together with applicable fees, to:

Box ISSUE FEE  
Assistant Commissioner for Patents  
Washington, D.C. 20231

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

LM61/1207

XXXXXXXXXXXXXXXXXXXX STEPHEN R. WHITT CIENA Corporation

LEGAL DEPARTMENT

XXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX 1201 Winterson Rd.

LINTHICUM MD 21090

Note: The certificate of mailing below ~~cannot~~ be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

## Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

David L. Soltz, Reg. No. 34,731 (Depositor's name)

(Signature)

(Date)

| APPLICATION NO.   | FILING DATE | TOTAL CLAIMS | EXAMINER AND GROUP ART UNIT | DATE MAILED   |
|---|-------------|--------------|-----------------------------|---------------|
| 08/820,670  | 03/18/97    | 013          | BACARES, R                  | 2733 12/07/98 |
| First Named Applicant TAYLOR, 35 USC 154(b) term ext. = 0 Days. |             |              |                             |               |

TITLE OF INVENTION BIT-RATE TRANSPARENT WDM OPTICAL COMMUNICATION SYSTEM WITH REMODULATORS

| ATTY'S DOCKET NO. | CLASS-SUBCLASS | BATCH NO. | APPLN. TYPE | SMALL ENTITY | FEE DUE  | DATE DUE |
|-------------------|----------------|-----------|-------------|--------------|----------|----------|
| 0 122MAB          | 359-124.000    | M38       | UTILITY     | YES          | \$605.00 | 03/08/99 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Margaret Burke

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  
**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE CIENA Corporation

(B) RESIDENCE: (CITY &amp; STATE OR COUNTRY) Linthicum, MD

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

☐ Issue Fee☐ Advance Order - # of Copies

4b. The following fees or deficiency in these fees should be charged to:

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(ENCLOSE AN EXTRA COPY OF THIS FORM)

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

3/8/99

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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